



M/WBE MINIMUM CERTIFICATION CRITERIA

It is the objective of the District to provide incentives to increase the participation of M/WBE's which are experiencing the effects of marketplace discrimination and have sought to do business in the District's relevant market area. Applicant businesses are advised that criminal penalties can be imposed under Section 775.082, Section 775.083, or Section 775.084, F.S. for fraudulent M/WBE representation. It is the intent of the District to notify the proper law enforcement agency in all such instances

IS THE BUSINESS...	YES	NO
engaged in commercial transactions (for profit)?		
at least a 51% minority/woman owned independently operated business concern?		
owned by the minority persons who did not acquire their majority ownership via a transferal from a non-minority spouse, relative, or employee within the past two (2) years?		
domiciled in the State of Florida?		
managed and controlled by minority/women owners with a real, substantial and continuing interest?		
currently performing a useful business function for the commodities and/or services listed in the application?		
operating as a regular dealer of commodities, making sales regularly from goods maintained in stock? <i>(If applicable)</i>		
within District Size Standards? (NOTE: This means that the net worth cannot exceed \$5 million.)		
employing 200 or fewer employees or a firm in the State of Florida that has a Small Business 8a certification?		

IS THE MINORITY QUALIFIER(S)...	YES	NO
the license holder, qualifying agent, and/or professional license holder in areas that require licensure?		
a permanent resident of the State of Florida?		

IF YOU RESPONDED "NO" TO ANY OF THE ABOVE APPLICABLE QUESTIONS, YOUR FIRM WILL NOT MEET THE DISTRICT'S CERTIFICATION CRITERIA.

M/WBE Certified: Applicants determined eligible shall receive a certification letter stating the length of time for which the business has been certified, the specialty area(s) of the business, the minority status categories in which the business is certified, and the business' responsibilities set out in Section 287.0943(1), F.S.

Ineligible (Denied): Applicant's determined ineligible shall receive a letter stating the basis for the denial of certification and citing applicable rules and shall not be eligible to submit a new applications until one (1) year after the date of notice of denial of certification or the District's final agency order denying certification.

Specific authority 120.53, 120.54(1), 120.60(2), 373.607 F.S. History-New 9/25/96

Minority/Woman Owner's Signature

Title

Date



Form #0964 Rev. 10/1/00

South Florida Water Management District
Attn: Equity In Contracting
P. O. Box 24680
West Palm Beach, FL 33416-2480

FOR INTERNAL USE ONLY: VENDOR # _____

Rec'd _____ Desk Review _____ Initials _____

Approved : _____ Denied _____

MWBE CERTIFICATION APPLICATION

REQUIRED SUPPORT DOCUMENTS FOR A CORPORATION

1. Federal Tax Returns two (2) years prior to submitting registration, including all schedules;
2. Occupational license to do business in county where business is located;
3. Professional/Trade License for individual qualifying the business;
4. Articles of Incorporation and subsequent amendments;
5. Minutes of First Corporate Organizational Meeting;
6. Corporation Bylaws;
7. Resumes of principals and key employees showing education, training, and employment with dates.

REQUIRED SUPPORT DOCUMENTS FOR A PARTNERSHIP OR SOLE PROPRIETORSHIP

1. Federal Tax Returns two (2) years prior to submitting registration, including all schedules;
2. Occupational license to do business in county where business is located;
3. Professional/Trade License for individual qualifying the business;
4. Fictitious Name Certificate;
5. Resumes of principals and key employees showing education, training, and employment, with dates.

ADDITIONAL REQUIRED SUPPORT DOCUMENTS FOR MINORITY REGISTRANTS ONLY

1. Birth Certificate
2. Passport
3. Driver's License
4. Tribal Certificate (federally recognized tribe)
5. Voter's Registration
6. Alien Registration Number
7. Armed Services Discharge Papers.

Attach copies of any of the above that prove ethnic group membership.

NOTE: A firm must be registered with the State of Florida in order to do business with the South Florida Water Management District.

1. GENERAL INFORMATION:

Company Name _____

Street Address _____ P.O. Box _____

City _____ State _____ Zip Code _____

Mailing Address if Different Than Above _____

Telephone Number () _____ FAX No. () _____

E-Mail Address _____ Web Site Address: _____

Social Security No. of Principal Owner _____ Federal ID Number _____

Business Contact _____ Title _____ Telephone No. () _____

2. EMPLOYEES:

No. of Full Time Employees _____ No. of Part Time Employees _____ No. Leased Employees _____

3. CERTIFICATION STATUS APPLIED FOR: (Check **Only One**)

☐ Minority Business Enterprise (MBE)

☐ Woman-Owned Business Enterprise (WBE)

4. TYPE OF BUSINESS OWNERSHIP - Complete the Section that applies to your type of business entity.

☐ Corporation ☐ Partnership ☐ Sole proprietorship ☐ Other _____

5. NATURE OF BUSINESS: (Specify major services, products, and/or materials directly offered or supplied)

6. HOW WAS THE BUSINESS STARTED BY ITS PRESENT OWNERS?

Date Established _____

☐ Bought existing business ☐ Started as new business ☐ Secured franchise ☐ Merger ☐ Other _____

7. BUSINESS CLASSIFICATION

☐ Manufacturer ☐ Broker ☐ Professional ☐ Wholesale Distributor ☐ Retailer ☐ Contractor ☐ Other: _____

8. FOR DISTRIBUTORS AND SUPPLIERS ONLY.

Average Dollar Value of Inventory: _____ (Attach a list of Major Suppliers)

Location of Storage Facilities: _____ Sq. ft.: _____

9. SPECIFY THE OWNERSHIP PERCENTAGE OF PRINCIPAL OWNER(S). (Racial, Gender, Ethnic, Codes)

A. _____% (A) Asian American _____% (B) African American _____% (H) Hispanic American
 _____% (N) Native American _____% (W) White (non-Hispanic)

B. _____% (F) Female _____% (M) Male C. Country of Origin _____

10. DOMICILE:

A. Is the business domiciled in the State of Florida? ☐ YES ☐ NO
 B. Is the principal owner a lawful permanent resident of the State of Florida? ☐ YES ☐ NO
 C. Is the principal owner a lawful resident of the United States? ☐ YES ☐ NO

11. FOR A CORPORATION ONLY

_____ Total number of corporate stock shares **authorized** _____ Number of Common _____ Number of Preferred
 _____ Total number of corporate stock shares **issued** _____ Number of Common _____ Number of Preferred

A. LIST ALL PERSONS CURRENTLY HOLDING ALL OUTSTANDING STOCK ISSUED BY YOUR COMPANY.

(C=Common Stock, P=Preferred Stock, O=Other type of Stock) (V=Voting Stock, N=Non-voting stock)

NAME & TITLE	SSN	RACIAL, GENDER, ETHNIC CODE	DATE OF PURCH.	STOCK C, P, or O	STOCK V or N	% OF SHARES	COST OF SHARES

B. LIST CURRENT BOARD OF DIRECTORS:

NAME	SSN	RACIAL, GENDER, ETHNIC CODE	DATE OF ELECTION	TELEPHONE NUMBER	HOME ADDRESS

C. LIST ALL CORPORATE OFFICERS. (President, Vice-President(s), Secretary, Treasurer, etc.)

NAME	TITLE	RACIAL, GENDER, ETHNIC CODE	DATE OF SERVICE/ELECTION	HOME ADDRESS

12. FOR A PARTNERSHIP ONLY

NAME OF PARTNERS	SOCIAL SECURITY NO.	RACIAL, GENDER, ETHNIC, DBE CODE	DATE OF OWNERSHIP	% OF OWNERSHIP

13. HAS YOUR COMPANY OR ANY OF ITS PRINCIPALS AS PARTICIPANTS IN ANOTHER FIRM, EVER BEEN:

Certified ? ☐ YES ☐ NO Certification Suspended? ☐ YES ☐ NO
 Denied Certification? ☐ YES ☐ NO Certification Revoked? ☐ YES ☐ NO
 Decertified? ☐ YES ☐ NO Debarred? ☐ YES ☐ NO

NOTE: Attach a written explanation of denial, decertification, suspension, debarment, or revocation.

14. IS YOUR COMPANY NOW OR HAS IT BEEN A SUBSIDIARY OF (OWNED BY) ANOTHER FIRM? ☐ YES ☐ NO

Name of Other Firm: _____ Address: _____

City, State, Zip: _____ Telephone No: _____

15. SPECIFY THE NET INCOME OF THE FIRM FOR THE LAST 2 YEARS.

TAX YEAR	NET INCOME (After federal income taxes, excluding any carryover losses)

16. SPECIFY CURRENT NET WORTH OF FIRM \$ _____ (Must be completed)

17. DOES ANY OTHER FIRM CONTRIBUTE EQUIPMENT, FINANCING, OR PERSONNEL TO YOUR COMPANY? _____ YES _____ NO
If Yes, list below.

NAME OF FIRM	ADDRESS	TELEPHONE	CONTACT	AMOUNT OR TYPE OF SUPPORT SUPPLIED

18. IF YOUR COMPANY PERFORMS WORK IN THE CONSTRUCTION TRADES, PLEASE PROVIDE THE FOLLOWING: [] N/A

TYPE OF CONTRACTOR'S CERTIFICATION HELD	CERTIFICATION NUMBER	EXPIRATION DATE	NAME OF QUALIFIER

19. IF YOUR COMPANY PERFORMS THE FUNCTION OF A SUBCONTRACTOR, LIST THE PRIME CONTRACTORS YOU MOST FREQUENTLY
WORK FOR. [] N/A

NAME & ADDRESS OF FIRM	CONTACT	TELEPHONE NO.	DESCRIPTION OF WORK OR SERVICES PERFORMED

20. NAME THE ONE INDIVIDUAL IN YOUR COMPANY MOST RESPONSIBLE FOR: (Circle ONE for Each Line)

FUNCTION	NAME	TITLE	MINORITY (M), OR FEMALE (F), NON-MINORITY (N)
A. Determining what jobs your company will undertake			M F N
B. Project Coordination & Supervision			M F N
C. Major Expenditures, e.g. equipment investments, etc.			M F N
D. Hiring/Firing Personnel			M F N
E. Preparing Job Estimates			M F N
F. Submitting Quotations			M F N
G. Reviewing Plans/Specifications			M F N
H. Marketing and Sales			M F N
I. Securing Insurance			M F N
J. Securing Bonding			M F N

21. LIST THREE (3) MAJOR PROJECTS, IN DOLLAR AMOUNT, COMPLETED BY YOUR COMPANY DURING THE LAST YEAR.

CONTRACT & AMOUNT	TYPE OF WORK	DATE	CITY/STATE	NAME, ADDRESS, AND TELEPHONE OF PROJECT OWNER

AFFIDAVIT

The undersigned does hereby declare that the statements contained in this application and all attachments which have been provided in support of this application (hereafter referred to as THIS APPLICATION) are true, accurate and complete and include all material information necessary to identify and explain the ownership and operation of:

(Insert full name of applicant company here)

Further, the undersigned agrees to provide the South Florida Water Management District (hereafter referred to as the DISTRICT) with current, complete, and accurate information regarding THIS APPLICATION, its attachments, or any project or contracts issued by the organizations or corporations utilizing the DISTRICT'S procurement and/or construction programs. The undersigned further agrees that, as part of this application procedure, the DISTRICT may freely contact any person or organization named in this application to verify statements made in THIS APPLICATION and/or to secure additional information or data. The undersigned understands and agrees that failure to submit required materials and/or to consent to interview(s), audit(s), and/or examination(s) will be grounds for immediate rejection of THE APPLICATION.

In addition, all information and documents submitted with THIS APPLICATION become official public records. The DISTRICT bears no obligation to return to the applicant any documents. All information may be shared with other governmental agencies for purposes of reciprocal certification unless applicant has labeled it "proprietary confidential information" per section 287.0943(1)(h), F.S.

It is recognized and acknowledged that the statements contained in THIS APPLICATION are true and that any material misrepresentation may result in not awarding or terminating contracts which may be awarded as the result of information contained in THIS APPLICATION. It is further recognized that whoever makes such false statements or material misrepresentations may be found guilty of a second-degree felony under Chapter 287.094, F.S.

Furthermore, the undersigned acknowledges that (he/she) may not fraudulently obtain, retain, attempt to obtain nor aid another in fraudulently obtaining or retaining or attempting to obtain certification; willfully make a false statement; or willfully obstruct, impede or attempt to obstruct or impede any official or employee who is investigating the qualifications of a business entity.

FRAUD

The applicant further understands that false statements or material misrepresentations made in this APPLICATION will be grounds for initiating action under local, state and federal laws which deal with fraud and perjury. The DISTRICT may initiate actions as it deems appropriate, including but not limited to, forwarding pertinent information to the appropriate governmental authorities.

The undersigned further acknowledges that the DISTRICT retains the right to reevaluate the contents of THIS APPLICATION at any time and notify the undersigned of any changes to its M/WBE certification status.

Signature

Name (type or print)

Title

Date

Corporate Seal **MUST** accompany all incorporated firms

Date

State of

County of

PLACE
CORPORATE
SEAL
HERE

On this ____ day of _____, 2000, before me appeared _____, to me personally known, did

execute the foregoing affidavit, and represented that he/she was properly authorized by _____

(name of firm)

to execute the affidavit and did so as his/her free act and deed.

Notary Public

State of _____

Commission Number _____

My Commission Expires _____

DECLARATION OF M/WBE STATUS

In accordance with South Florida Water Management District Chapter 40E-7, Part VI, F.A.C., in order to participate as a minority/woman business enterprise, businesses must be certified by the District pursuant to Sections 40E-7.651 F.A.C. and 40E-7.653 and must have previously sought to do business within the relevant market area of the South Florida Water Management District **prior to the time a bid or proposal is submitted.**

I, _____, declare under the penalty of perjury under the laws of the State of Florida the following are true and correct:

I have previously sought to do business within the following counties which comprise the South Florida Water Management District's relevant market area: **(Check if applicable)**

Alachua	Dade	Hillsborough	Monroe	Pinellas
Brevard	Duval	Indian River	Okeechobee	Polk
Broward	Glades	Lee	Orange	Seminole
Charlotte	Hendry	Leon	Osceola	St. Lucie
Collier	Highlands	Martin	Palm Beach	Volusia

If your firm is currently certified, please indicate the certifying agency or agencies and attach letters/certificates of certification:

I have read the foregoing and make this statement from my personal knowledge and am competent to testify thereto.

Dated this _____ day of _____, 2000.

Owner/Authorized Agent Name (PRINT)

Title (PRINT)

Owner/Authorized Agent (SIGNATURE)

Firm Name (PRINT)

THE FOREGOING DECLARATION was acknowledged before me this _____ day of _____, 2000
by _____ who is personally known to be, or who has produced
_____ as identification, and who did/did not take an oath.

SIGNATURE: _____ PRINT: _____

NOTARY PUBLIC

State of _____

Commission Number _____

My Commission Expires: _____